M

10371

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Rosse St.

3. NAME OF DECEASED (Type or Print) (First) Irving (Middle) (Last) Armstrong

4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 15-1869
9. AGE last birthday 82/6/16 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Fertilizer Co.
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Purnell Armstrong
14. MOTHER'S MAIDEN NAME Harriet Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-22-9659
17. INFORMANT AND ADDRESS Mr Winfred J Armstrong Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia and Inanition	9 Mos.
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	10 yrs.
93d	(c) Senile Mental Deterioration	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Oct. 1, 1951, that I last saw the deceased alive on Sept. 28, 1951, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE Beulah LaMar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 10/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 4/51
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 10/3/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alary E. Ennis, ADDRESS Snow Hill, Md

970-469

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 8 1951
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10372 351

Reg. Dist. No. 351

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Ark, Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Ark Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) W (Last) Bowen Sr
4. DATE OF DEATH: (Month) Oct (Day) 16 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 13-1875
9. AGE last birthday: 75 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Post master
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James E. Bowen
14. MOTHER'S MAIDEN NAME: Lillie Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs Mattie M. Bowen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

334 X 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cachexia and inanition — 3 mos.
(c) Cerebral Arteriosclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Oct 16, 1951, that I last saw the deceased alive on Oct 16, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: John L. LaMar (Degree or title) M.D. ADDRESS Snow Hill. DATE SIGNED 10-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 19 1951 — NAME OF CEMETERY OR CREMATORY: Bowen Methodist — LOCATION (City, town, or county) (State): New Ark Md

DATE REC'D BY LOCAL REG. 10/19/51 — REGISTRAR'S SIGNATURE: LeRoy Smith

24. FUNERAL DIRECTOR: Henry H. Watson — ADDRESS: Pocomoke Md.

VS. A15

270-906

RECEIVED
OCT 22 1951
BUREAU V. S.

Item 18 Film G139 2-8-52 ams

10373

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Ocean City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Clark
4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Mar. 31, 1951
9. AGE last birthday: yrs. — If under 1 year: Months 6 | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): West Ocean City Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William J. Clark Sr.
14. MOTHER'S MAIDEN NAME: Jennie Cooper.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. W. J. Clark Sr. West Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia and interstitial pneumonia

491 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnourishment.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 6 20P m., from the causes and on the date stated above.

SIGNATURE W. Townsend Jr. (Degree or title) M.D. ADDRESS Deputy Medical Examiner Ocean City Md. DATE SIGNED Oct 16 51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/16/51 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Berlin — (State) Md

DATE REC'D BY LOCAL REG. 10/20/51 — REGISTRAR'S SIGNATURE Helen F Hayward — 24. FUNERAL DIRECTOR Anna A Bunting — ADDRESS Berlin Md

10-2311-288406

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BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

10374

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke; LENGTH OF STAY (in this place) 3 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke; STREET ADDRESS (If rural, give location) U. S. Highway 13

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) ALICE (Last) COUNCILL

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Apr 3, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Coning

14. MOTHER'S MAIDEN NAME: Alice Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: John A. Councill, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unknown
	(c) Rheumatic Heart Disease.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1951, to Oct 3, 1951, that I last saw the deceased alive on Oct 3, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Trader MD Pocomoke City Md 10-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-5-51

NAME OF CEMETERY OR CREMATORY: Old Drawyers ME Cem.

LOCATION (City, town, or county) (State): Odessa, Delaware

DATE REC'D BY LOCAL REG.: Oct 4, 1951

REGISTRAR'S SIGNATURE: Anne E. Thiele

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

416X

95b

RECEIVED
OCT 6 1931
BUREAU V. S.

10375

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Md
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 909 Walnut St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 909 Walnut St.

3. NAME OF DECEASED (Type or Print) (First) Wilbur (Middle) Harold (Last) Droy
4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 21 1902
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY 5 & 10 Store
11. BIRTHPLACE (State or foreign country) Mahoney City Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Droy
14. MOTHER'S MAIDEN NAME Louisa Millward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Navy Nov 31 1943 Oct 29 43
16. SOCIAL SECURITY NO. 181-05-8033
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease (Probably occlusion)

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Over exertion

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE N. E. Castorius M.D. (Degree or title) Dep. Med. Examiner ADDRESS Pocomoke City Md DATE SIGNED 10/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 26 1951
NAME OF CEMETERY OR CREMATORY Protestant Cemetery
LOCATION (City, town, or county) (State) Mahonoy City, Pa.

DATE REC'D BY LOCAL REG. Oct. 24, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke City, Md.

200-646

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10376

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke - Rural
STREET ADDRESS (If rural give location) Pocomoke City, Md.

3. NAME OF DECEASED (Type or Print) (First) HATTIE (Middle) JANE (Last) HAYWARD

4. DATE OF DEATH (Month) Oct. (Day) 20th (Year) 1951

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar. 14, 1912
9. AGE last birthday 39 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Schoolfield
14. MOTHER'S MAIDEN NAME Harriett Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Carrie Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Disseminated Lupus Erythematosus — 4 months

443X Antecedent cause(s) (b)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertensive Heart Disease 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/51, 19....., to 10/19/51 19....., that I last saw the deceased alive on 10/19/51, 19....., and that death occurred at 10/20/51 12:36 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arvine M. Bradford, MSC ADDRESS DATE SIGNED 10/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct. 23, 1951
NAME OF CEMETERY OR CREMATORY Hacionville
LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. Oct. 21, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Wharton - New Church, Va. ADDRESS

720-826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10377

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke — LENGTH OF STAY (in this place): 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 808 Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke Md.
STREET ADDRESS (If rural, give location): 808 Fourth Street

3. NAME OF DECEASED (Type or Print): (First) Alven (Middle) Sidney (Last) King
4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 24-1881
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired United R.R. Railway
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sidney E. King
14. MOTHER'S MAIDEN NAME: Priscilla Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Harmon R. King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteria-sclerotic Coronary Heart Dis	1 Yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Angina-Pectoris	2 Yrs.
420.1 940	(c) Senility	5 Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Oct 29 1951, that I last saw the deceased alive on Oct. 29 1951, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis J. Llewelyn, M.D. — ADDRESS: Pocomoke City, Md. — DATE SIGNED: 10/29/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 31-1951 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Rural Pocomoke Md.

DATE REC'D BY LOCAL REG.: Oct. 31, 1951 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: Henry F. Watson — ADDRESS: Pocomoke Md.

VS. A15

VVV - 506

RECEIVED
NOV 2 1951
BUREAU V. S.

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10378

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Madora (Last) Mason
4. DATE OF DEATH (Month) Oct. (Day) 9 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH Feb. 20, 1861
9. AGE last birthday 90 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Accomac Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Dickerson
14. MOTHER'S MAIDEN NAME Susannah Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) m (If yes, give war or dates of service) m
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. John Whaley Ocean City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic cardio renal disease	5 yrs ±
442 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	2 yrs. ±
61	(c)	

260 x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Oct, 1951, to 9 Oct, 1951, that I last saw the deceased alive on 8 Oct, 1951, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE: N. L. Thomas (Degree or title) ADDRESS 703 Balto Ave Ocean City Md DATE SIGNED 10 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/11/51
NAME OF CEMETERY OR CREMATORY Parksley Cem.
LOCATION (City, town, or county) (State) Parksley Va.

DATE REC'D BY LOCAL REG. Oct 11, 1951
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anne D. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10379

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pocomoke
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queens, N.Y. COUNTY N.Y.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Charles (Last) Schmitt Jr.
4. DATE OF DEATH (Month) Oct (Day) 5 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 11 - 30
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Naval A.A.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy
11. BIRTHPLACE (State or foreign country) Queens N.Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Arthur C. Schmitt Sr.
14. MOTHER'S MAIDEN NAME To be supplied
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) None
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS John F. Ford - Chincoteague Naval Base

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull + Mortal wounds of Neck Minutes

816.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto - collision (accident)

170C

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Over rate speeding + Reckless driving

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway 13
(CITY OR TOWN) Rural - Pocomoke City Md (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Oct (Day) 5 (Year) 1951 (Hour) 1.05 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Accidental collision with truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Eastorius (Degree or title) Dep Med Examiner ADDRESS Pocomoke City Md DATE SIGNED 10/5/51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct. 5, 1951 | REGISTRAR'S SIGNATURE Anne E. White | 24. FUNERAL DIRECTOR | ADDRESS

673 - 716

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10380

CERTIFICATE OF DEATH

Reg. Dist. No. 3 5 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Worcester; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Belle (Last) Showell

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-1-1878

9. AGE last birthday: 73 yrs. If under 1 year: Months 2; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Brittingham

14. MOTHER'S MAIDEN NAME: Hester Pitts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret Hudson, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSION

260X .61

(c) DIABETES MELITIS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1, 1945, to 10/1/51, 19..., that I last saw the deceased alive on 10/1/51, 19..., and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schutt (Degree or title) ADDRESS: BERLIN MD. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Berlin
DATE THEREOF: 10-7-'51
NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 10/5/51
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md.

RECEIVED
OCT 18 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10382

CERTIFICATE OF DEATH

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1 — LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ira	Truman	Taylor	Oct.	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec. 1 - 1905	45/10/11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	On Home	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward L. Wilmer	Annie Wilmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mr. Reginald S. Taylor Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia and Emaciation.	1 month
175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 49a	(b) Adenoma Carcinoma of ovary with metastases -	
	and direct extension	20 mos. (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/2/50 & 7-10-51	adenocarcinoma of Rt. ovary & direct extension	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/20/50, to 10-12-51, that I last saw the deceased alive on 10-12-51, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Bertha LaMar	M.D.	Snow Hill	10-13-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 16 51	Bethel Methodist	Snow Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/15/51	R. Roy Smith	Allen E. Timmons	Snow Hill, Md

RECEIVED
OCT 22 1951
BUREAU V. S.

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10381

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Wascester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
LENGTH OF STAY (in this place) 10 mo 12 Dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wascester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nathan (Middle) Lee (Last) Taylor

4. DATE OF DEATH (Month) Oct. (Day) 21 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Dec. 9-1950

9. AGE last birthday 10 mo 12 Dys

If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Girdletree, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dallas H. Taylor

14. MOTHER'S MAIDEN NAME Clara E. Findley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Clara E. Taylor, Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hydrocephalus - Congenital — 10 mo.

752x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Oct 21, 1951, that I last saw the deceased alive on Oct 20, 1951, and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) Md ADDRESS Snow Hill Md DATE SIGNED 10-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 22/51

NAME OF CEMETERY OR CREMATORY Coolspinger

LOCATION (City, town, or county) Girdletree, (State) Md

DATE REC'D BY LOCAL REG. 10/23/51

REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR Alay E. Ennis, ADDRESS Snow Hill, Md

40V070193 40V

RECEIVED
OCT 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10383

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark, Md.; MARYLAND LENGTH OF STAY (in this place) 34 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS US. Rt. 113 Newark, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wor.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark, Md.; STREET ADDRESS (If rural, give location) US. Rt. 113 Newark, Md.

3. NAME OF DECEASED (Type or Print): (First) Coleman (Middle) Winford (Last) Timmons

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5/3/1885

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Farming

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin B. Timmons

14. MOTHER'S MAIDEN NAME: Alice A. Jarman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs C. W. Timmons - Newark, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset and Death: 2 Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — 2 yr

4222
934

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Oct 26, 1951, that I last saw the deceased alive on Oct. 26, 1951, and that death occurred at 3:45A m., from the causes and on the date stated above.

SIGNATURE: Lewis La Mar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 10/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10/28/51 | NAME OF CEMETERY OR CREMATORY Trinity Cemetery | LOCATION (City, town, or county) Newark (State) Md.

DATE REC'D BY LOCAL REG. 10/27/51 | REGISTRAR'S SIGNATURE LeRoy Smith | 24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin, Md.

100-105

VS. A15

RECEIVED
OCT 30 1951
BUREAU V. S.

10384

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 801 Fourth Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Warrington

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept. 15, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - retired.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Accomack County, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Henry Warrington

14. MOTHER'S MAIDEN NAME: Louisia Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Gladys Warrington, 801 Fourth St., Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	10-15 yrs
450.0 111a	(c) Rheumatoid Arthritis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Oct. 10, 1951, that I last saw the deceased alive on Oct. 10, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Corvie M. Bradford, M.D. 508-5th St., Pocomoke, Md. 10/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF October 18, 1951 | NAME OF CEMETERY OR CREMATORY Family Plot - Near Beaverdam | LOCATION (City, town, or county) (State) Worcester Co. Md.

DATE REC'D BY LOCAL REG. Oct. 18, 1951 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR J. Edgar Thomas ADDRESS Accomac, Va.

1805 - 1905

Phone. 2:00 P.M.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT
BUREAU V. S.